

departments, (d) path. labs.? It seems a little odd for us to give notice and continue to use the facilities of our former employer.

(2) Though the insurance scheme may work well enough for income groups above £1,500, I have grave misgiving about the supply of drugs to Mrs. Jones the dustman's wife, who will not have £3 available for her bronchitis even if she does get it back in the end.

The affluent society is a somewhat mythical state and sudden bills are quite embarrassing even to the apparently wealthy. I need to be greatly reassured on this point of drug supply. My forecast is chaos, absolute and irretrievable, with the doctors owing the chemist large sums which he may not collect.

I am a despicable blackleg and have not resigned, believing that it is a far, far better thing to fight for the survival of the N.H.S. than seek its destruction. With all its failings it still performs the greatest good for the greatest number. I shall have to resign in due course to make sense of my partnership. It will be against my conscience; our protest is too late, too destructive to the English social scene.

My sympathies are with the Minister, my hatred with those who write letters to the *B.M.J.* about his lack of faith. I would that he had the power to say, "Let them get out, and good riddance."—I am, etc.,

Chatham, Kent.

P. H. BIRKS.

Shortage of Doctors

SIR,—Two things came to my notice last week. (1) I read in the papers that the minimum charge for repairing a fuse—surely the simplest of electrical operations—by the London Electricity Board is in future to be 12s. 6d. This is about three times what a doctor is paid for his services under the National Health system. (2) I received a bill from a veterinary surgeon for examining my daughter's pony for fitness, which was £5 5s., exactly double the agreed fee for examining a human being for life-insurance purposes.

The wonder is not that there is a shortage of doctors in this country, but that there are any at all.—I am, etc.,

London S.W.3.

G. T. PITTS.

New Fields of Study for Family Doctors

SIR,—The future of general practice may well depend on the formal recognition of new fields of endeavour and interest.

Up to the present general practice has been hospital-orientated, owing to the fact that clinical teaching has been a specialized consultant monopoly. Since the last war biological sciences have grown in several directions, which must be of fundamental importance to medicine. These studies have been grouped under headings such as ecology, ethology, phenology, etc. The common factor in these developments lies in a concern with the interaction between living organisms and their environment. In the modern rapidly changing condition of life for human beings these concepts are of the greatest importance if we are to gain deeper

insights into the origin and meanings of many common disabilities. These are necessary fields of study for general practitioners whose work involves taking into account environment factors, and who are uniquely placed to undertake this work as they have the basic biological training which many social workers lack. Nevertheless a certain reorientation of traditional attitudes will be necessary if general practitioners are to fill this role. Instead of hankering for the satisfactions of the hospital alma mater, there should be an outward and growing vision towards fresh fields, and much closer liaisons with industrial and public health,

planners, architects, etc., should be developed.

With these ideas in mind the Midland Faculty of the College of General Practitioners will be holding a symposium on "Medicine in a Changing Environment" next October, sponsored by the firm of Geigy.

The object of this meeting is to stimulate interest in the subject, in the hope that general practice will be organized with the essential academic backing to fill this niche more effectively than is possible at present.—I am, etc.,

Birmingham 27.

K. M. HAY.

Points from Letters

Sonne Dysentery

Dr. J. H. HUDSON (Dartford) writes: In regard to recovered cases of dysentery I wonder if Dr. A. B. Christie (19 June, p. 1597) does not place a little too much emphasis on the need for exclusion from school of primary-school children until they are shown to be bacteriologically free from infection. If at the school there is renewed emphasis on hand cleanliness, a child who is symptom-free is, I think, not likely to transmit infection and much inconvenience can be saved if return to school is allowed after full clinical recovery is established.

Hallux Valgus

Dr. BARBARA J. HICK (Bexhill-on-Sea, Sussex) writes: A common cause of hallux valgus which is not mentioned (26 June, p. 1623) is the fact that many people have feet of different size. As it is impossible to buy a pair of shoes of different sizes the great toe of the longer foot frequently gets bent. Another common cause is the wearing of too small stockings; shoes are only half the battle.

Rabies

Dr. PETER M. DUNN (Royal Hospital for Sick Children, Bristol 2) writes: Those who have worked in countries where rabies is endemic will heartily support your view (19 June, p. 1565) that the strict quarantine regulations at present in force regarding this disease should be continued. Recently, among the notes of an unknown pupil¹ of Dr. Hunter I came across the following anecdote which may be of interest to your readers, for it illustrates vividly the presence of this disease in England 200 years ago.

"The Doctor and his brother had a narrow escape—the dog passed through their legs without snapping them—but the dog bit a cow, many geese, etc., which died of Canine Madness. When cutting cannot be done, cauterize the part. Mr. Hunter thinks the poison of this and the Venereal Disease lies like anomalous matter some days; however better late than never to make the cutting or cauterizing."

¹ "Notes from Doctor Hunter's Lectures on Anatomy," 1769, Vol. 1, p. 227. Bristol University Medical Library.

What is our Fee Now?

Dr. ARCHIE MUTR (Blackpool, Lancs) writes: Your leader (5 June, p. 1445) had it well summed up that we are a profession who have surrendered the right to set our own fees. Have we surrendered? And if so why, with our negotiators so well armed with the show of loyalty achieved? It seems an uneasy truce. Meantime can someone say what indeed our fee is now? Calculated at one time to be 4s. for a consultation or a visit to the home, our fee must be set at even less than this since the removal

of the prescription charge. My plea—Double the capitation fee meantime while better terms of service are agreed.

William Budd

Dr. W. B. GOUGH (Solihull, Warwickshire) writes: So William Budd was a general practitioner (26 June, p. 1662). Perhaps—in the sense in which every physician before the modern rise of specialism was a general practitioner and conversely every practitioner expected to be called into consultation—this might be true. Nevertheless Budd, a member of one of the most remarkable medical families of the nineteenth century, had spent many years in acquiring knowledge in Paris under Broussais; in London at the Middlesex; and in Edinburgh, where he obtained his M.D. in 1838. He must surely have felt that he was aiming to reach the superior ranks of the profession as it would be put in those reactionary days. His appointment to St. Peter's Hospital and to the Royal Infirmary at Bristol would confirm his success in this aim, and the impressive list of papers showing great original thought and scientific method recorded by Goodall¹ sets him apart from the general practitioner of his day. Fine that his name should be commemorated in a health centre; but he should receive the credit that is his due.

REFERENCE

¹ Goodall, E. W., *William Budd*, 1936. Arrow-smith.

Bornholm Disease

Dr. M. J. F. COURTENAY (London S.W.11) writes: I have seen seven cases of what I believe to be Bornholm disease in my practice during the last month. I have initiated virus studies, but wonder if other doctors are seeing cases in the Metropolitan area?

Danger of Aerosols

Mr. J. J. SHIPMAN (Lister Hospital, Hitchin, Herts) writes: It is well known that adhesives, paints, lubricating oils, cleansing agents, plant sprays, hair-setting lotions, etc., are being employed as aerosols. This development is highly dangerous considering the variety of toxic chemicals employed and the ease with which these substances may be inhaled. Surely this type of application should be limited rather than extended?

Correction.—The number of the Bulletin from the Central Consultants and Specialists Committee referred to in Dr. E. A. Harvey-Smith's letter on "Hospital Junior Staff" (17 July, p. 173) should have been given as 21.